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SOS  
810 N. Silver St  
Silver City, NM 88061  
  
575-958-6131  
575-958-6947  

**Sanders, Crystal**  
ID: 46 DOB: 1/22/1978  
**Case Management Note (SOS)**

Use Note Creation Time  
Clear Time  
Set Date/Time

7/30/2023  
2:20 AM

Severe Financial Difficulty  
Feelings of Hopelessness, Worthlessness, or Guilt are Present  
Perceived Burden to Others  
Rapid Shifts in Mood are Occurring

**Protective Factors:**  
\*History of Ability to Cope with Stress  
\*Cooperative and Willing to Accept Help  
\*History of Good Tolerance for Frustration  
\*Has Reasons for Living  
\*Feelings of Responsibility to Children, Family, or Loved Others  
\*Strong Social Support System

**Suicide Risk Assessment:**  
She denies suicidal ideas or intentions.

**Suicide Risk:**  
Based on the absence of risk factors, Crystal's current risk of suicide is considered Very Low or Absent. There are no suicidal ideation or self-destructive or aggressive thoughts or actions.

**Violence Risk:**  
Based on the risk factors reviewed, Crystal's current risk of violence is considered Absent or Very Low. There is no homicidal ideation or intention. No aggressive ideation, self-injurious intentions, or ideation within the past six months prior to this instance of treatment.

**Access to Lethal Means:**  
Access to lethal means was discussed with Crystal. She denies having access to lethal means at this time.

2 Units for H0038 Peer Support - UH  
  
Time spent face to face with patient and/or family and coordination of care: 30 min  
  
Session start: 11:40 AM  
Session end: 12:10 PM  
  
a.n.p  
  
Ryan Dingess, CSW  
  
Electronically Signed  
By Ryan Dingess, CSW

Service Location  
Turn

Audit Log  
Copy contents of the text only into  
Copy complete note into  

Print  
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Capture Signature  
#1 Signed By:

Capture Signature  
#2 Signed By:

Capture Signature  
#3 Signed By:

1 of 1

7/30/23, 6:21 PM